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ABSTRACT

The present investigation examined how children viewed imaginary peers who were described as suffering from various forms of medical or psychological disorders. Four written vignettes were employed, each describing imaginary children who varied on dimensions of type of disorder (Medical/Psychological) and severity of the problem (Mild/Severe). Thirty-four boys and girls, aged 9-13 years, read the four vignettes and completed a written questionnaire assessing their evaluations of each character in terms of diagnosis, etiology, prognosis, effective treatment strategies, and desirability of the described peer as a friend. The results indicated that children can discriminate between medical and psychological disorders in terms of the above factors. Interestingly, the data indicated that children viewed an acting-out peer (i.e., the Mild-Psychological vignette) as having more severe problems than an hallucinating child (i.e., the Severe-Psychological vignette). (Author/SS)

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Children's Perceptions of Medical and Psychological Disorders in Their Peers

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Running head: Children's Perceptions

Abstract

Investigating children's perceptions of medical and psychological disorders is important as it increases our understanding of how children view themselves and others, and also facilitates the development of effective intervention strategies with this population. The present investigation examined how children viewed imaginary peers who were described as suffering from various forms of medical or psychological disorders. Four written vignettes were employed, each describing imaginary children who varied on dimensions of type of disorder (Medical/Psychological) and severity of the problem (Mild/Severe). Thirty-four boys and girls, aged 9-13 years, read the four vignettes and completed a written questionnaire assessing their evaluations of each character in terms of diagnosis, etiology, prognosis, effective treatment strategies, and desirability of the described peer as a friend. The results indicated that children can discriminate between medical and psychological disorders in terms of the above factors. Interestingly, the data indicated that children viewed an acting-out peer (i.e., the Mild-Psychological vignette) as having more severe problems than an hallucinating child (i.e., the Severe-Psychological vignette).

Children's Perceptions of Medical and Psychological Disorders in Their Peers

Throughout their development children are exposed to a variety of medical and psychological disorders in their peers and are likely to make judgments regarding them and their apparent afflictions. Their perceptions may differ in terms of the peer's attractiveness, ideas of causality, prognosis, and possible treatment modalities. Studying children's understanding of developmental disorders is important for several reasons. With the increase in "Mainstreaming" efforts and long-term outpatient treatment of chronic diseases, there is an increased probability of a child coming into contact with disordered peers. Thus, professionals need to know how children perceive them in order to facilitate peer group acceptance. In addition, the information can provide a basis from which to explain medical and emotional problems to normal children and to clarify misunderstandings. For the afflicted child, there is a need to consider his or her viewpoint in making interventions and in using explanations consistent with developmental stages (Whitt, Dykstra, & Taylor, 1979). In addition, children's understanding of the etiology of a disorder affects how they receive and comply with treatment regimens in both medical and mental health settings.

Two lines of research have developed regarding children's perceptions of disordered peers. First, addressing psychological

disorders, some investigations have assessed developmental changes in children's conceptions and have found older children to be more adept at detecting and understanding psychopathological behavior (e.g., Coie & Pennington, 1976; Dollinger, Thelen, & Walsh, in press; Marsden & Kalter, 1976; Marsden, Kalter, Plunkett, & Barr-Grossman, 1972; Novak, 1974). Studies have also considered children's "psychological-mindedness," particularly their understanding of defense mechanisms and psychological roles (e.g., Dollinger & Thelen, 1978; Whiteman, 1967; Dollinger & McGuire, Note 1; Dollinger, Staley, & McGuire, Note 2).

A second research interest has been concerned with children's ideas regarding medical problems. Studies have considered beliefs of causality (Simeonsson, Buckley, & Monson, 1979), developmental changes in perceptions (Campbell, 1975), and children's health beliefs (Gochman, 1971; Gochman, Bagramian, & Sheiham, 1972; Wiesenberg, Kegeles, & Lund, 1980). Whereas other studies measured attributions, Perlman and Routh (1980) assessed children's behavioral reactions to a physically handicapped peer.

Despite the number of studies in these two areas, none has compared children's perceptions of both medical and psychological disorders in peers from within the same paradigm. In addition, although both types of disorders vary in severity along a continuum, only a few studies manipulated the degree of the disorder in the descriptions of stimulus peers. These factors hinder comparability of results as well as preclude a complete understanding of children's views of disordered peers.

The present study examined how normal children view imaginary peers who were described as suffering from various forms of medical or psychological disorders. The characters were depicted as varying on dimensions of type of disorder (Medical/Psychological) and severity of the problem (Mild/Severe). The children's perceptions were obtained by open- and closed-ended questions regarding each of four described imaginary peers resulting from the combination of the above variables.

Method

Subjects

Thirty-four fifth and sixth grade children drawn from a public school served as subjects. The children were of average intelligence and came from a largely white, middle-class population of a midwestern community. The sample consisted of 13 boys and 21 girls ranging in age from 9 to 13 years (M = 11.4).

Design and Procedure

The design consisted of a within-subjects 2 x 2 factorial with two levels of severity of disorder (Mild and Severe) and two classes of disorder (Medical and Psychological). Four written vignettes were constructed, each presenting an imaginary peer in one of four combinations of severity and class of disorder (mild physical illness, severe physical illness, mild psychological disturbance, severe psychological disturbance). Each character was given a non-sexist name (viz., Tanen, Fergit, Nebit, and Shin) to control for attributions of disorders based on sex. The children were described in terms of behavioral correlates, physical symptomatology, and reactions of others

interacting with the described peer. The child with mild physical illness, Tanen, was described as always having the sniffles, sneezing, and coughing. The severe physical illness peer, Shin, was described as taking a lot of pills, missing school, staying in the hospital, and vomiting. For the mild psychological disorder, Fergit was portrayed as playing mean tricks on other kids, shouting, screaming, and kicking. Nebit, the severe psychologically-disordered peer, was described as acting strange, believing in monsters from outer space, and claiming to have visited other planets. Ratings of the four vignettes were obtained from five professional clinical psychologists and 100% agreement was reached for categorizing them into the four combinations of severity and class of disorder.

Each child individually read the four vignettes (in counterbalanced order across subjects) and wrote answers to nine open- and closed-ended questions which followed each description. The children were asked: 1) What do you think is wrong with (character's name)?, 2) What do you think made _____ this way?, 3) Was _____ born this way or did things happen to _____ that made _____ this way?, 4) Can _____ get better?, 5) Who can help _____ get better?, and 6) How will _____ get better? Thus, these dependent measures asked for the child's evaluation of each character in terms of a diagnosis, etiology, prognosis, and recommended treatment strategy. The subject was also asked to describe the character in terms of sex (Question 7) and age (Question 8). In addition, each child rated the attractiveness of the imaginary peer as a friend (Question 9) along a four-point

continuum ranging from 1 (not at all) to 4 (very much).

Results

The data from the questionnaires were analyzed by frequency counts on closed-ended questions with chi-square tests. The open-ended items were analyzed by forming categories of responses along general factors with descriptive labels. Subjects' responses for each vignette were then categorized according to these factors by two independent raters. A response could be counted only once. Average rater agreement for the three open-ended items across the four vignettes was 84%. Some specific examples are provided below to illustrate the statistical summaries of the children's responses.

The data on etiology of the disorder were analyzed first. There was a significant difference across the four disorder types (i.e., mild physical illness, severe physical illness, mild psychological disorder, severe psychological disorder) for etiology (Question 3), $\chi^2(3) = 42$, $p < .001$. The two medical disorders were more likely to be viewed by the children as the result of being "born that way." The two psychological disorders were more often placed in the "something happened" category. Question two, an open-ended question, asked the children for their ideas on what made the imaginary peer this way. The data, summarized in Table 1, indicated that the children viewed the severe psychological disorder as a function of media experience and self-choice (e.g., "watches too much television"); the mild psychological disorder as due to poor interpersonal relations with family (e.g., "people being mean to him or rejecting him"); the severe medical illness as a

result of being born that way and of postnatal physical problems (e.g., "born with birth defects"); and the mild medical illness as a reflection of postnatal physical problems and neglect (e.g., "he plays outside too much").

Insert Table 1 about here

The data concerning the children's perceptions of diagnosis (Question 1) are also summarized in Table 1. The children accurately described the condition of the psychologically-disordered peers as being a function of reality distortion and/or innate aggressive tendencies (e.g., "he has too big imagination" or "he can't control his temper"), while the medically-disordered peers' problems were seen in terms of severe illnesses and due to colds and/or sinus afflictions (e.g., "she has kidney problems" or "he has allergies").

For the prognosis factor, a significant difference was found on the closed-ended question (Question 4), $\chi^2(3) = 18.4$, $p < .001$. The child subjects indicated that all the imaginary peers could get better, although the severely ill figure was seen as the least likely to recover. When the subjects were asked how the imaginary peers might get better (Question 6), the children most frequently suggested that the two psychologically-disturbed peers use self-help strategies or obtain assistance from lay professionals (e.g., "by not reading books"); the two physically-ill peers were advised to take pills and/or medicine and to likewise employ self-help cures (e.g., "by staying home and taking pills").

A significant sex difference was obtained for the types of disorders (Question 7), $\chi^2(3) = 31.3$, $p < .001$. Both types of psychologically-disordered peers were perceived as being male while there was a tendency for the medically-ill peers to be viewed as female. Further, there were no significant correlations between sex of the subject and perceived sex of the vignette characters. The four correlation coefficients were: -.10, -.18, .29, .27, $p > .10$.

When the child subjects were asked if they would like to have the imaginary character as a friend (Question 9), a significant difference was again found between the groups, $\chi^2(9) = 50.9$, $p < .001$. The subjects perceived the two medically-disordered peers and the severe psychologically-disordered peer as more desirable potential friends than the mild psychologically-disordered peer. The means for the mild and severe medically-disordered characters were 2.84 and 2.80, respectively, while the means for the mild and severe psychologically-disordered peers were 1.73 and 2.68, respectively (on a scale of 1 = least attraction; 4 = most attraction).

Discussion

The present findings indicate that children perceived differential etiology, diagnosis, treatment, and prognosis for combinations of severity and classes of medical and psychological disorders. In particular, children made definite discriminations between medical and psychological disorders whereas their perceptions of the severity of the disorders were less definitive. In terms of etiology, medical disorders were seen as caused by

physically-based factors (e.g., prenatal dispositions, inadequate food) while psychological disorders were seen as resulting from environmental factors (e.g., too much television, poor family relationships). In terms of prognosis and treatment, the physical problems were thought to be curable by chemical treatments and treatable by medical personnel, whereas the psychological disorders were believed to be best handled by lay professionals (e.g., teachers). The present findings of apparent ignorance regarding psychological services are consistent with those of Dollinger and Thelen (1978). Together, these investigations suggest that children have only a limited conception of professional psychological activities. Since children are more likely to have direct or vicarious experience with medical situations, they may have a greater knowledge base from which to form their perceptions. In many instances, children's perceptions of the disorders parallel those of many clinical professionals (cf. Marsden & Kalter, 1974). Perhaps these findings reflect a more astute understanding of the problems than assumed, albeit sometimes articulated in an unsophisticated manner. Of course, previous studies have found some developmental differences in the concepts of medical and emotional illnesses as correlated with cognitive development when measured in separate studies (e.g., Coie & Pennington, 1976; Simeonsson et al., 1979). Although not directly tested in this study, it is possible that developmental differences arise from the differing amounts of experience with the disorders rather than changes in cognitive functioning (cf. Dollinger & McGuire, Note 1).

Although they made some differential perceptions, the children did not consistently respond to the severity dimension of the disorders. Any effects of this variable interacted with the type of disorder (e.g., least attraction found for the child with mild-psychological disorder; worst prognosis for the seriously ill peer). The lack of consistent severity differences partially replicates Novak's (1974) results, but not those of Marsden and Kalter (1976) regarding children's reactions to emotional disturbance. No previous research into perceptions of medical illness bears on the severity issue.

No age differences were found in this study since the age range was relatively limited to older children. This restriction ensured that the children would be able to adequately answer the questionnaire (Marsden & Kalter, 1976). Younger ages would likely reveal less sophistication in perceptions, but a more extensive interview format would have been required to tap their concepts.

It is interesting that subjects viewed the depicted peers as moderately attractive as playmates or friends except for the imaginary peer who was described as aggressive and immature. This acting-out child was viewed by the subjects as more severe than a psychotic-like child perhaps because they see the aggressive, fighting behavior of this child as potentially causing them pain and suffering. This finding indicates a discrepancy in the mild-severe continuum in children's perceptions as distinct from a professional's standpoint. Previous work by Novak (1974) corroborates this finding and adds support

to the postulate that the subjects might have been responding to the potential impact this immature and aggressive behavior might have on themselves.

The results of this study should contribute to an understanding of how children view their disturbed or ill peers. A child's fears and fantasies about medical and psychological treatment often affect treatment efficacy. Reducing the child's anxiety often hinges on the professional's understanding and assessment of the child's perceptions of illness, prognosis, and treatment. Research in this area should point to educational priorities in developing an accurate understanding of physical and emotional disorders in both normal and abnormal children. Psychologists, particularly those in the child and pediatric specialities, may wish to consider educational efforts to provide accurate information regarding psychological disorders and mental health interventions.

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Table 1

Response Categories and Frequencies for Questions Concerning Diagnosis, Etiology, and Treatment

	Disorder							
	Mild Physical		Severe Physical		Mild Psychological		Severe Psychological	
Question	Tanen		Shin		Fergit		Nebit	
1. Diagnosis	Cold/Sinus	21	General sickness	21	Temper/Anger	10	Imagination	9
	General sickness	6	Very sick	8	Interpersonal relations	7	Weird/Crazy	6
2. Etiology								
	Physical problems	11	Born that way	16	Poor Interpersonal Relations	19	Media experience	10
	Neglect	10	Physical problems	4	Lack of Interpersonal Relations	6	Self-choice	7
6. Treatment	Pills/Medicine	11	Pills/Medicine	14	Lay professional	15	Self-help	7
	Self-help	10	Self-help	5	Self-help	9	Lay professional	7
			Doctor	5				